

**Septic Permit Information:**

1. The Appendix 75-A of the Wastewater Treatment Standards for Individual Household Systems is used as the Town of Rotterdam's guidelines.
2. All portions of newly installed septic system are not to be covered until approval by the Building Inspector.
3. Distribution box is to have water placed in it for inspection of proper leveling.
4. At time of Site Inspection, As-Built Drawing is to be provided to Building Inspector. Only official Town of Rotterdam form will be accepted.

**SEPARATION DISTANCES FROM WASTEWATER SYSTEM COMPONENTS**

<u>System Components</u>	<u>Well or Suction Line</u>	<u>To Stream, Lake, watercourse (b), or Wetland</u>	<u>Dwelling</u>	<u>Property Line</u>
House sewer (watertight joints)	25' if cast iron pipe, 50' otherwise	25'	10'	10'
Septic Tank	50'	50'	10'	10'
Effluent line to distribution box	50'	50'	10'	10'
Distribution Box	100'	100'	20'	10'
Absorption field	100' (a)	100'	20'	10'
Seepage Pit	150' (a)	100'	20'	10'
Dry well (roof and footing)	50'	25'	20'	10'
Raised or Mound system (c)	100' (a)	100'	20'	10'
Evapotranspiration – absorption system (c)	100' (a)	50'	20'	10'
Composter	50'	50'	20'	10'

**NOTES:**

- (a) When sewage treatment systems are located in coarse gravel or upgrade and in the general path of drainage to a well, the closest part of the treatment system shall be at least 200 feet away from the well.
- (b) Mean high water mark.
- (c) For all systems involving the placement of fill material, separation distances are measured from the toe of slope of the fill.

## MINIMUM SEPTIC TANK CAPACITIES

<u>Number of Bedrooms</u>	<u>Minimum Tank Capacity (gallons)</u>	<u>Minimum Liquid Surface Area (sq.ft.)</u>
1, 2, 3	1,000	27
4	1,250	34
5	1,500	40
6	1,750	47

### NOTES:

- (1) Tank size requirements for more than six bedrooms shall be calculated by adding 250 gallons and seven square feet of surface area for each additional bedroom. A garbage grinder shall be considered equivalent to an additional bedroom for determining tank size.
- (2) Septic tank capacities shall be based upon the number of household bedrooms. An expansion attic shall be considered as an additional bedroom. The table above specifies minimum septic tank capacities and minimum liquid surface areas.
- (3) Septic tank covers shall always be accessible. Where manholes are more than 12 inches below final grade, an extension collar shall be provided over each opening. Extension collars shall not be brought flush with the ground surface unless the cover can be locked to prevent tampering. Driveways or other facilities shall not be constructed above septic tanks unless specially designed and reinforced to safely carry the load imposed.

**FEES:                      Septic Permit      \$35.00**



Town of Rotterdam  
Department of Public Works

**LETTER OF AUTHORIZATION FOR PERMIT AND ZONING APPLICATION**

**To Whom It May Concern:**

I, \_\_\_\_\_, as owner of the property located  
(print name)

at \_\_\_\_\_, Town of Rotterdam, in the

State of New York, hereby designate \_\_\_\_\_  
(name)

\_\_\_\_\_  
(city, state, zip, and phone number)

**as my contractor and registered agent for the purposes of the applying  
for Permits and Zoning representation regarding my building project.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

letter of authorization for permit and zoning application.doc

**TOWN OF ROTTERDAM  
BUILDING DEPARTMENT  
SEPTIC SYSTEM APPLICATION**

OFFICE USE ONLY
Application#: _____
Approved: <input type="checkbox"/> Disapproved: <input type="checkbox"/>
Cost of Permit: \$ _____
INITIALS _____

OWNER INFORMATION	CONTRACTOR INFORMATION
Name: _____	Name: _____
Address: _____	Address: _____
Phone No: _____	Phone No: _____

SITE INFORMATION
Address: _____
Describe Existing System: _____
Water Table Depth: _____

JOB INFORMATION
<input type="checkbox"/> New Septic System <input type="checkbox"/> Tile/Leach Fields _____ length <input type="checkbox"/> Septic Tank _____ gal. <input type="checkbox"/> Distribution Box <input type="checkbox"/> Dozing Tank _____ gal. <input type="checkbox"/> Dry Well _____ gal. <input type="checkbox"/> Manhole/cleanout access
<input type="checkbox"/> Replacement of Septic Tank Explanation _____
<input type="checkbox"/> Replacement of Leachfield Explanation _____
<input type="checkbox"/> Replacement of Drywell Explanation _____
<input type="checkbox"/> Replacement of Drywell with Leachfield Explanation _____
<input type="checkbox"/> Replacement of Leachfield with Drywell <i>(Note: APPENDIX 75-A, Wastewater Treatment Standards – Individual Household Systems, Section 75-A.8(h)(2) Site Requirements. (i) If soil and site conditions are adequate for absorption trenches, seepage pits shall not be used.)</i> Explanation _____ PERC test results _____ Water Table Elevation _____

**THE FOLLOWING CONDITIONS ARE A PART OF THIS PERMIT:**

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APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN IS CORRECT AND THAT ALL PERTINENT STATE AND LOCAL ORDINANCES WILL BE COMPLIED WITH IN PERFORMING THE WORK FOR WHICH THIS PERMIT IS ISSUED.

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APPLICANT'S SIGNATURE
DATE